

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	<i>fa</i>	<i>32</i>	<i>3/6</i>
<b>FORMALITY REVIEW</b>		<i>F20</i>	<i>05-15-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

BEST AVAILABLE COPY

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	1/10/01
2	✓	✓	1/10/01
3	✓	✓	1/10/01
4	✓	✓	1/10/01
5	✓	✓	1/10/01
6			
7	✓	✓	1/10/01
8	✓	✓	1/10/01
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10	✓	✓	1/10/01
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12	✓	✓	1/10/01
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15	✓	✓	1/10/01
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If more than 150 claims or 10 actions  
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